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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/645,871	08/23/2000	Eric C. Peters	A0001-003013	3852
26653	7590	07/31/2006	EXAMINER	
KRISTOFER E. ELBING 187 PELHAM ISLAND ROAD WAYLAND, MA 01778			VU, THANH T	
			ART UNIT	PAPER NUMBER
			2174	

DATE MAILED: 07/31/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Interview Summary</b>	Application No.	Applicant(s)	
	09/645,871	PETERS ET AL.	
	Examiner	Art Unit	
	Thanh T. Vu	2174	

All participants (applicant, applicant's representative, PTO personnel):

- (1) Thanh T. Vu. (3) \_\_\_\_\_  
 (2) Kristofer E. Elbing. (4) \_\_\_\_\_

Date of Interview: 26 July 2006.

Type: a) ☒ Telephonic b) ☐ Video Conference  
 c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.  
 If Yes, brief description: \_\_\_\_\_

Claim(s) discussed: 63.

Identification of prior art discussed: None.

Agreement with respect to the claims f) ☐ was reached. g) ☐ was not reached. h) ☒ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: The examiner discussed with the attorney a possible amendment for claim 63.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

*Kristine Kincaid*  
 KRISTINE KINCAID  
 SUPERVISORY PATENT EXAMINER  
 TECHNOLOGY CENTER 2100

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

\_\_\_\_\_  
 Examiner's signature, if required